

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/009231

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5		①		1		
6		1		1		
7		1		1		
8	1		1			
9		1		1		
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		6		1		
15		6		1		
16		①		1		
17		1		1		
18		①		1		
19		1		1		
20		1		1		
21		2		1		
22	1		1			
23		1		1		
24		2		1		
25		2		1		
26		①		1		
27		1		1		
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TOTAL IND.		↓ 2		↓		↓
TOTAL DEP.		27		↓		↓
TOTAL CLAIMS		29				

	★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 306-3831